

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

10

19

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 80

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M M
0 9D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		452936.05
(b) Cash on Hand at Beginning of Reporting Period	439872.88	
(c) Total Receipts (from Line 19)	85707.84	447201.11
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	525580.72	900137.16
7. Total Disbursements (from Line 31)	156692.61	531249.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	368888.11	368888.11
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	71605.34	379834.35
(ii) Unitemized	12102.50	54366.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	83707.84	434201.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	83707.84	434201.11
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	13000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	85707.84	447201.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	85707.84	447201.11

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	5186.94	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	5186.94	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	154873.60	503632.60	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	1819.01	22429.51	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	156692.61	531249.05	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	156692.61	531249.05	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	83707.84	434201.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	83707.84	434201.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	5186.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	5186.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gerald J. Sullivan

Mailing Address 323 North Mapleton Drive

City

Los Angeles

State

CA

Zip Code

90077-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
SullivanCurtisMonroe

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32235080

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

William McKnight

Mailing Address 8044 Owen St.

City

Baton Rouge

State

LA

Zip Code

70809-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright & Percy BancorpSou-
th

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32235085

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Martin

Mailing Address 4633 Spring Place Meadow Way North

City

Olive Branch

State

MS

Zip Code

38654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipscomb & Pitts Insuranc-
e, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32235297

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Scott Sink

Mailing Address 4967 Reynolds Cove

City

Birmingham

State

AL

Zip Code

35242-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Williams, Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32240446

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Clay T. Jackson

Mailing Address 5819 Hillsboro Road

City

Nashville

State

TN

Zip Code

37215-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Cooper, Love, Jackson, Thornton

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32240447

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steve A. Barksdale

Mailing Address 1102 Mill Run Road

City

Athens

State

TX

Zip Code

75751-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
EasTexas Agency/Joe Max Green/Ins.Con/

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: 32311047

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard M. McKinley

Mailing Address 1915 Elmhurst Drive

City

Germantown

State

TN

Zip Code

38138-2771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipscomb & Pitts Insurance-
e, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: 32311057

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. M. Scott McLaughlin

Mailing Address 3750 Floyd Drive

City

Baton Rouge

State

LA

Zip Code

70808-3717

FEC ID number of contributing
federal political committee.

C

Name of Employer
BancorpSouth Insurance Se-
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: 32316462

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Craig E. Tabor

Mailing Address 576 Shasta Drive

City

Encinitas

State

CA

Zip Code

92024-2393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: 32316463

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Thibodeaux

Mailing Address 404 Fairview Pkwy

City

Lafayette

State

LA

Zip Code

70508-6336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright & Percy Insurance/-
BancorpSouth

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: 32316465

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Natale Calamis

Mailing Address 180 Shadow Brook Drive

City

Warwick

State

RI

Zip Code

02886-9556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starkweather & Shepley In-
s. Brokerage,

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: 32316467

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Trent J. Sandahl

Mailing Address 3926 Bradmore Drive

City

Baton Rouge

State

LA

Zip Code

70808-3064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright & Percy BancorpSou-
th

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316481

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Chris Stack

Mailing Address 750 East Lakewood Street

City

Springfield

State

MO

Zip Code

65810-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMI Group (BancorpSouth)

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316485

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel E. Miller

Mailing Address 4245 Pine Park Drive

City

Baton Rouge

State

LA

Zip Code

70809-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer
BancorpSouth Insurance Se-
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316486

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Larry Jolley

Mailing Address 94 Arkavalley Road

City

Greenbrier

State

AR

Zip Code

72058-9628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramsey, Krug, Farrell &
Lensing, Inc./

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316508

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary L. LaFour

Mailing Address 2038 Surrey Street

City

Nacogdoches

State

TX

Zip Code

75965-3139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe Max Green/Insurance
Concepts/Banco

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316509

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William T. Baycroft

Mailing Address 6142 Holly Springs Drive

City

Houston

State

TX

Zip Code

77057-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe Max Green/Insurance
Concepts/Banco

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316510

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alfred L. Williams

Mailing Address 2 Forest Heights Drive

City

Little Rock

State

AR

Zip Code

72207-4342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramsey, Krug, Farrell &
Lensing, Inc./

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316511

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas M. Sandahl

Mailing Address 10623 Camelot Square

City

Saint Francisville

State

LA

Zip Code

70775-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
BancorpSouth Insurance Se-
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316512

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James W. Sanders

Mailing Address 1652 S. Bristol Court

City

Springfield

State

MO

Zip Code

65809-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
BancorpSouth Insurance Se-
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316513

Amount of Each Receipt this Period

501.00

C.

Full Name (Last, First, Middle Initial)

Dennis Abell

Mailing Address 1617 Montez Dr.

City

Jonesboro

State

AR

Zip Code

72401-5158

FEC ID number of contributing
federal political committee.

C

Name of Employer
BancorpSouth Insurance Se-
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 32316514

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1751.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jerry D. Davis

Mailing Address 6801 Gap Point Cir.

City

Sherwood

State

AR

Zip Code

72120-3998

FEC ID number of contributing
federal political committee.

C

Name of Employer
BancorpSouth Insurance Se-
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Transaction ID: 32316515

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John R. Haase

Mailing Address 7929 Hollington Pl.

City

Fairfax Station

State

VA

Zip Code

22039-3162

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Givens & Williams

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

Transaction ID: 32319495

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Scott Naugle

Mailing Address 1302 East 2nd Street

City

Pass Christian

State

MS

Zip Code

39571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart-Sneed-Hewes/Banco-
rpSouth Insur

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

Transaction ID: 32319520

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin Munkholm

Mailing Address 3368 Caminito Luna Nueva

City

Del Mar

State

CA

Zip Code

92014-3959

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: 32319527

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mr. John D. Niedernhofer

Mailing Address 1118 San Ricardo Court

City

Solana Beach

State

CA

Zip Code

92075-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: 32319530

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Terry Douglass Moore

Mailing Address 4244 Altamirano Way

City

San Diego

State

CA

Zip Code

92103-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: 32319532

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Trindl L. Reeves

Mailing Address 6611 Lavandula Court

City

San Diego

State

CA

Zip Code

92130-4897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: 32319533

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Marc B. Pannier

Mailing Address 29 Ashford

City

Irvine

State

CA

Zip Code

92618-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: 32319536

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Christopher Williams

Mailing Address 1242 Pine Shadow Lane

City

Concord

State

CA

Zip Code

94521-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319543

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 80

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William T. Buchanan

Mailing Address 526 Camino El Dorado

City

Encinitas

State

CA

Zip Code

92024-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319544

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Arlene H. Lieberman

Mailing Address 746 Santa Paula

City

Solana Beach

State

CA

Zip Code

92075-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319545

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John A. Trask, Jr.

Mailing Address 1356 Cassins Street

City

Carlsbad

State

CA

Zip Code

92011-4856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319546

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Steven S. Finden

Mailing Address 579 Hidden Ridge Court

City

Encinitas

State

CA

Zip Code

92024-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319547

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick Hanson

Mailing Address 5514 Caballos Place

City

San Diego

State

CA

Zip Code

92130-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319548

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. William Brennan

Mailing Address 4121 Randolph Street

City

San Diego

State

CA

Zip Code

92103-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319549

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul F. Heidemann

Mailing Address 236 Patty Hills Drive

City

Solana Beach

State

CA

Zip Code

92075-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319550

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. John V. Stock

Mailing Address 50 Guilford Road

City

Piedmont

State

CA

Zip Code

94611-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319551

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Mirsky

Mailing Address 150 Prospect Avenue

City

San Anselmo

State

CA

Zip Code

94960-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319552

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Todd Bennett

Mailing Address 822 San Luis Rey Place

City

San Diego

State

CA

Zip Code

92109-8249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319572

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. David E. Cannon

Mailing Address 449 Modoc Avenue

City

Oakland

State

CA

Zip Code

94618-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319574

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Alice A. Campbell

Mailing Address 2468 Montgomery Avenue

City

Cardiff

State

CA

Zip Code

92007-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319575

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark D. Nash

Mailing Address 4260 Randolph Street

City

San Diego

State

CA

Zip Code

92103-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319576

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Diana L. Twadell

Mailing Address 2522 Clairemont Drive
Apartment 204

City

San Diego

State

CA

Zip Code

92117-6619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319577

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Travis Trask

Mailing Address 6588 Coneflower Drive

City

Carlsbad

State

CA

Zip Code

92011-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319578

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 80

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Mirsky

Mailing Address 150 Prospect Avenue

City

San Anselmo

State

CA

Zip Code

94960-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319579

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. John (Jack) D. Galloway

Mailing Address 371 Hillcrest Drive

City

Encinitas

State

CA

Zip Code

92024-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319580

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jeremy B. Anderson

Mailing Address 8301 Torrey Park Ter

City

San Diego

State

CA

Zip Code

92129-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319581

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy Sweeney

Mailing Address 2531 Corte Facil

City

Pleasanton

State

CA

Zip Code

94566-5866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	0

Transaction ID: 32319583

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mike Milligan

Mailing Address 14161 Recuerdo Drive

City

Del Mar

State

CA

Zip Code

92014-2953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	0

Transaction ID: 32319584

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Susan M. Archey

Mailing Address 2473 Monroe Avenue

City

Memphis

State

TN

Zip Code

38112-4313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipscomb & Pitts Insurance-
e. LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	0

Transaction ID: 32319586

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel Shay Roberson

Mailing Address 4141 Sequoia Rd.

City

Memphis

State

TN

Zip Code

38117-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipscomb & Pitts Insuranc-
e, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319587

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Agnoni

Mailing Address 1360 E 9th Street
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319588

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319589

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City

Hudson

State

OH

Zip Code

44236-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.04

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319590

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Schwab

Mailing Address 1360 E 9th Street
Suite 600

City

CLEVELAND

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319611

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Ms. Melissa Robinson

Mailing Address 4024 West 157th Street

City

Cleveland

State

OH

Zip Code

44135-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: 32319617

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Daniel Peed

Mailing Address 15002 Granite Shoals Court

City

Cypress

State

TX

Zip Code

77429-1894

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmRisc (BB&T)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: 32319620

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald B. Giadrosich

Mailing Address 2324 Longleaf Way

City

Birmingham

State

AL

Zip Code

35243-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Williams, Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: 32319622

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles M. Caswell

Mailing Address 1340 Garrick Way

City

Marietta

State

GA

Zip Code

30068-2168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pritchard & Jerden, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: 32319623

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James Bailey

Mailing Address 4522 Mystique Way

City

Roswell

State

GA

Zip Code

30075-2087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pritchard & Jerden, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: 32319625

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John B. Sneed

Mailing Address 141 Bayou Circle

City

Gulfport

State

MS

Zip Code

39507-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart-Sneed-Hewes/Banco-
rpSouth Insur

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 32319634

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald R. Lensing

Mailing Address 8315 Cantrell Avenue
Suite 300

City

Little Rock

State

AR

Zip Code

72227-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramsey, Krug, Farrell &
Lensing, Inc./

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 32319637

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas M. Sandahl

Mailing Address 10623 Camelot Square

City

Saint Francisville

State

LA

Zip Code

70775-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
BancorpSouth Insurance Se-
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 32319640

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Michelle Fuller

Mailing Address 36 Cascade Cove

City

Petal

State

MS

Zip Code

39465-5805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart-Sneed-Hewes/Banco-
rpSouth Insur

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 32319641

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jim E. Brashier, Jr.

Mailing Address 12461 Preservation Dr.

City

Gulfport

State

MS

Zip Code

39503-7062

FEC ID number of contributing
federal political committee.

C

Name of Employer
BancorpSouth Insurance Se-
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 32319643

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joe Max Green

Mailing Address 8 Austin Hollow Circle

City

Nacogdoches

State

TX

Zip Code

75965-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe Max Green/Insurance
Concepts/Banco

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 32319751

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. H. William Bohstedt

Mailing Address 26881 West Taylor Road

City

Barrington

State

IL

Zip Code

60010-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 32319754

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jim O'Connell

Mailing Address 7287 Dancy Road

City

San Diego

State

CA

Zip Code

92126-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 32319767

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Catherine Botello

Mailing Address 10382 Rue Chamberry

City

San Diego

State

CA

Zip Code

92131-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 32319775

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark L. Stokes

Mailing Address 901 North 190th Street

City

Elkhorn

State

NE

Zip Code

68022-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grace-Mayer Insurance Age-
ncy, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Transaction ID: 32319795

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark J. Ruggles

Mailing Address 3790 Greenhill Road

City

Pasadena

State

CA

Zip Code

91107-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T-Tanner Insurance Ser-
vices

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: 32320251

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. L. Wayne Tisdale

Mailing Address 9161 Ridge Rd.

City

Gulfport

State

MS

Zip Code

39503-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart-Sneed-Hewes/Banco-
rpSouth Insur

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: 32320255

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David M. Massey

Mailing Address 1308 Glengoyne Place

City

Nashville

State

TN

Zip Code

37220-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Horizon Insurance
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: 32321435

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marshall T. Polk, III

Mailing Address P.O. Box 90148

City

Nashville

State

TN

Zip Code

37209-0148

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Horizon Insurance
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: 32321437

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen A. Benson

Mailing Address 5110 Annesway Drive

City

Nashville

State

TN

Zip Code

37205-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Horizon Insurance
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: 32321440

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Lambert, III

Mailing Address 3255 Carl Morgan Road

City

Moody

State

AL

Zip Code

35004-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms, Inc./BB&T

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: 32321444

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark N. Coleman

Mailing Address 753 Glacier Pass

City

Westerville

State

OH

Zip Code

43081-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies, Columbus

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332857

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David A. Voight, Jr.

Mailing Address 3414 Galloway Road

City

Sandusky

State

OH

Zip Code

44870-6017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies, Sandusky

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332858

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James F. Harmon

Mailing Address 3395 Lawton Ln.

City

Pepper Pike

State

OH

Zip Code

44124-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332859

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Kmetz

Mailing Address 28387 Center Ridge Road

City

Westlake

State

OH

Zip Code

44145-3869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary E. Roadruck

Mailing Address 2752 Rapids Way

City

Akron

State

OH

Zip Code

44312-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies, Canton

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332861

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. D. Michael Kelly

Mailing Address 28 South Hampton Parkway

City

Rocky River

State

OH

Zip Code

44116-2387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332862

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank Middelberg

Mailing Address 593 Shallow Creek Circle

City

Northfield

State

OH

Zip Code

44067-3058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332863

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William Beal, Jr.

Mailing Address 5494 Carriage Lane

City

Medina

State

OH

Zip Code

44256-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332864

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Louis A. Colagrossi

Mailing Address 12233 Moss Point Road

City

Strongsville

State

OH

Zip Code

44136-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332865

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James A. Winterich

Mailing Address 30910 Walden Drive

City

Westlake

State

OH

Zip Code

44145-6815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332866

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brian P. Pittner

Mailing Address 20611 Woodstock Avenue

City

Cleveland

State

OH

Zip Code

44126-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332887

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Frances K. Wesley

Mailing Address 323 Regatta Drive

City

Avon Lake

State

OH

Zip Code

44012-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332888

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Grevey

Mailing Address 30938 Walden Drive

City

Westlake

State

OH

Zip Code

44145-6815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332889

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Alan Bartuccio

Mailing Address 20478 Brookstone Trl.

City

Middleburg Heights

State

OH

Zip Code

44130-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32332890

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Summers

Mailing Address 22 Waterford Muse

City

Nacogdoches

State

TX

Zip Code

75965-8718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe Max Green/Insurance
Concepts/Banco

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32334140

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kathleen Cooke

Mailing Address 3607 W. 128th St.

City

Cleveland

State

OH

Zip Code

44111-4506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32334141

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Peter Michael Coen

Mailing Address 6 Lauren Lane

City

Bayville

State

NY

Zip Code

11709-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Synergies Group,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32334148

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Griffin

Mailing Address 149 Signal Road

City

Drexel Hill

State

PA

Zip Code

19026-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Synergies Group
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32334150

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Crable

Mailing Address 712 Riverton Road

City

Moorestown

State

NJ

Zip Code

08057-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Synergies Group,
Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 32334155

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Carey

Mailing Address 10714 Pot Spring Road

City

Cockeysville

State

MD

Zip Code

21030-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334583

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ross Dangel

Mailing Address 1063 Harbor Ct.

City

Eldersburg

State

MD

Zip Code

21784-8910

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334588

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas C. Hale

Mailing Address 3554 Conchita Drive

City

Ellicott City

State

MD

Zip Code

21042-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334596

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. P. Allen Haney

Mailing Address 8308 Kerry Road

City

Chevy Chase

State

MD

Zip Code

20815-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334597

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph Payne Hindsley

Mailing Address 1 Wendover Rd

City

Baltimore

State

MD

Zip Code

21218-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334599

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William H. Kable, Jr.

Mailing Address 307 Stable View Ct.

City

Parkton

State

MD

Zip Code

21120-9699

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334602

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Barbara L. Labuskes

Mailing Address 577 Henderson Road

City

Bel Air

State

MD

Zip Code

21014-2540

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334603

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John L. McElroy, III

Mailing Address 6007 Three Chopt Road

City

Richmond

State

VA

Zip Code

23226-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334608

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Albert H. Michaels, Jr.

Mailing Address 2 Kilglass Court, Apt. 204

City

Timonium

State

MD

Zip Code

21093-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334611

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 41 / 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Terry L. Purvis

Mailing Address 919 Army Road

City

Towson

State

MD

Zip Code

21204-6704

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334623

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth M Runne

Mailing Address 3104 East Berlin Road

City

East Berlin

State

PA

Zip Code

17316-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334625

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. LeAnn Tobin

Mailing Address 6301 Bellona Ave.

City

Baltimore

State

MD

Zip Code

21212-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334669

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy O. Wiechers

Mailing Address 5468 River Forest Road

City

Dublin

State

OH

Zip Code

43017-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCM&D, Inc. (HQ)

Occupation

Insurance broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334673

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Matthew D. Bevins

Mailing Address 8772 Fawn Ridge Drive

City

Fort Myers

State

FL

Zip Code

33912-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies, Cape Co-
ral

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: 32334730

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles L. Putnam

Mailing Address 7701 Finbarr Ct.

City

Dublin

State

OH

Zip Code

43017-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies, Columbus

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: 32334737

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City

Rexburg

State

ID

Zip Code

83440-5092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Archibald Insurance Center
(Leavitt)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369154

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Barlocker

Mailing Address 308 West Jordan

City

Clovis

State

CA

Zip Code

93611-7181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barlocker Insurance Servi-
ces (Leavitt)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369155

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Terrace

City

Colorado Springs

State

CO

Zip Code

80918-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIA-Leavitt Insurance Age-
ncy, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369159

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 44 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John Connell

Mailing Address P.O. Box 663

City

Diablo

State

CA

Zip Code

94528-0663

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369180

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Curtis Perata

Mailing Address 2748 Seminole Circle

City

Fairfield

State

CA

Zip Code

94534-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369182

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City

Rocklin

State

CA

Zip Code

95677-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369183

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City

Cedar City

State

UT

Zip Code

84720-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369199

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Kenney

Mailing Address 306 South 800 West

City

Cedar City

State

UT

Zip Code

84720-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369210

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dane O. Leavitt

Mailing Address PO Box 130

City

Cedar City

State

UT

Zip Code

84721-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369211

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Rodney B. Leavitt

Mailing Address 1970 Terra Vista Way

City

Las Vegas

State

NV

Zip Code

89117-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369213

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City

Hatch

State

NM

Zip Code

87937-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group Southwest,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369226

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City

San Jose

State

CA

Zip Code

95139-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Pacific Insurance
Brokers

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369237

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Lincoln

Mailing Address 2652 Hill Road East

City

Lakeport

State

CA

Zip Code

95453-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln-Leavitt Insurance
Agency, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: 32369239

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. James P. Bayne

Mailing Address 750 B Street
Suite 2400

City

San Diego

State

CA

Zip Code

92101-8114

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - John Burnham Insur-
ance Services

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: 32377117

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David W. Hobbs

Mailing Address 2920 Canterbury Rd.

City

Mountain Brook

State

AL

Zip Code

35223-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms, Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: 32377119

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Rusty Chambers

Mailing Address 300 Ashford Cove

City

Jonesboro

State

AR

Zip Code

72404-9562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipscomb & Pitts Insurance-
e, LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 32431747

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City

Rexburg

State

ID

Zip Code

83440-5092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Archibald Insurance Center
(Leavitt)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432445

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. William Barlocker

Mailing Address 308 West Jordan

City

Clovis

State

CA

Zip Code

93611-7181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barlocker Insurance Servi-
ces (Leavitt)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432446

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Terrace

City

Colorado Springs

State

CO

Zip Code

80918-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIA-Leavitt Insurance Age-
ncy, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432451

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Connell

Mailing Address P.O. Box 663

City

Diablo

State

CA

Zip Code

94528-0663

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432472

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Curtis Perata

Mailing Address 2748 Seminole Circle

City

Fairfield

State

CA

Zip Code

94534-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432474

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City

Rocklin

State

CA

Zip Code

95677-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432475

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City

Cedar City

State

UT

Zip Code

84720-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432490

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Kenney

Mailing Address 306 South 800 West

City

Cedar City

State

UT

Zip Code

84720-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432506

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dane O. Leavitt

Mailing Address PO Box 130

City

Cedar City

State

UT

Zip Code

84721-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432507

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rodney B. Leavitt

Mailing Address 1970 Terra Vista Way

City

Las Vegas

State

NV

Zip Code

89117-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432510

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City

Hatch

State

NM

Zip Code

87937-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group Southwest,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432526

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City

San Jose

State

CA

Zip Code

95139-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Pacific Insurance
Brokers

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432534

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Lincoln

Mailing Address 2652 Hill Road East

City

Lakeport

State

CA

Zip Code

95453-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln-Leavitt Insurance
Agency, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 32432537

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. John R. Curran

Mailing Address 4 Ole Musket Road

City

Scarborough

State

ME

Zip Code

04074-9397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hub International Limited
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: 32455421

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald L. Inberg

Mailing Address 2187 SW Harbor Place

City

Portland

State

OR

Zip Code

97201-8022

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: 32455423

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Winfield M. Hopkins

Mailing Address 1000 S. Catalina Avenue
No. 101

City

Redondo Beach

State

CA

Zip Code

90277-4761

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: 32455425

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles B. Southern

Mailing Address 9825 Waterbary Drive

City

Saint Louis

State

MO

Zip Code

63124-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms, Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: 32455427

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr Geoff Isaac

Mailing Address 2715 Crabtree Lane

City

Northbrook

State

IL

Zip Code

60062-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plexus Groupe LLC (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: 32455432

Amount of Each Receipt this Period

26.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kerry R. Martin

Mailing Address 1792 Clendenin Lane

City

Riverwoods

State

IL

Zip Code

60015-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: 32455434

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Mr. Glenn D. Morrison

Mailing Address 1015 Gaslight Drive

City

Algonquin

State

IL

Zip Code

60102-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: 32455436

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

134.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Weldon Corbett

Mailing Address 206 Pine Willow Ct.

City

Friendswood

State

TX

Zip Code

77546-4467

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms of Texas.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Transaction ID: 32456176

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

71605.34

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 80

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BancorpSouth Bank PAC

Mailing Address P.O. Box 789

City

Tupelo

State

MS

Zip Code

38802-0789

FEC ID number of contributing
federal political committee.**C**

C00183962

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: 32334178

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bennet For Colorado

Mailing Address PO Box 3078

City

Denver

State

CO

Zip Code

80201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Michael Bennet

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: CO

District:

Transaction ID: 32224478

Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

1919.20

B.

Full Name (Last, First, Middle Initial)

Nebraska Leadership PAC

Mailing Address 426 C Street, NE

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nebraska Leadership PAC

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 32234861

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Bean-PAC

Mailing Address 235 Massachusetts Avenue NE

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bean-PAC

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 32234867

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9419.20

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Steve Stivers

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: OH

District: 15

Transaction ID: 32311075

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264City
Wheat RidgeState
COZip Code
80033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Edwin Perlmutter

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: CO

District: 07

Transaction ID: 32311076

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Mike Ross for Congress Committee

Mailing Address PO Box 360
120 West Second Street NorthCity
PrescottState
ARZip Code
71857

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mike Ross

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: AR

District: 04

Transaction ID: 32311080

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Latham for Congress

Mailing Address P.O. Box 117

City
Orange CityState
IAZip Code
51041

Purpose of Disbursement

011

Category/
TypeCandidate Name
Tom LathamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 05

Transaction ID: 32311081

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jim Himes For Congress

Mailing Address 857 Post Road, #312

City
FairfieldState
CTZip Code
06824

Purpose of Disbursement

011

Category/
TypeCandidate Name
Mr. Jim HimesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 32311086

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Moran For Kansas

Mailing Address PO Box 1151

City
HaysState
KSZip Code
67601

Purpose of Disbursement

011

Category/
TypeCandidate Name
Mr. Jerry MoranOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: 32311088

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 80

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Fincher For Congress

Mailing Address PO Box 11153

City
Jackson

State
TN

Zip Code
38308

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Steve Fincher

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: 32316011

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Boehner for Speaker Committee

Mailing Address 631-B Pennsylvania Ave, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Boehner for Speaker Committee

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32316012

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Schumer

Mailing Address 60 Madison Ave
Suite 1201

City
New York City

State
NY

Zip Code
10010

Purpose of Disbursement

011

Category/
Type

Candidate Name
Charles Schumer

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District:

Transaction ID: 32316013

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Scott Brown For Us Senate Committee

Mailing Address P.O. Box 395

City Wrentham State MA Zip Code 02903

Purpose of Disbursement

Candidate Name
Mr. Scott BrownOffice Sought: ☐ House
☒ Senate
☐ President

State: MA District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32316014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

011

Category/
Type**B.** Full Name (Last, First, Middle Initial)
Citizens For Turner

Mailing Address 120 W. Second Street, Suite 1510

City Dayton State OH Zip Code 45402

Purpose of Disbursement

Candidate Name
Rep. Michael R. TurnerOffice Sought: ☒ House
☐ Senate
☐ President

State: OH District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 32316015

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

011

Category/
Type**C.** Full Name (Last, First, Middle Initial)
Bill Foster For Congress Committee

Mailing Address PO Box 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement

Candidate Name
Rep. Bill FosterOffice Sought: ☒ House
☐ Senate
☐ President

State: IL District: 14

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 32316016

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

011

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address P.O. Box 71955

City
Marietta

State
GA

Zip Code
30007

Purpose of Disbursement

011

Category/
Type

Candidate Name
Johnny Isakson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 32316018

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Judy Biggert For Congress

Mailing Address 2800 Shirlington Road
Suite 405

City
Arlington

State
VA

Zip Code
22206

Purpose of Disbursement

011

Category/
Type

Candidate Name
Judy Biggert

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 13

Transaction ID: 32316019

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Melissa Bean For Congress

Mailing Address PO Box 3068

City
Barrington

State
IL

Zip Code
60010

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Melissa L. Bean

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: 32316020

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bill Cassidy For Congress

Mailing Address 8550 United Plaza Blvd.
Suite 1001

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. William Cassidy, MD

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: 32316021

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Congressman Tim Holden

Mailing Address 18 North Second Street, Box 37

City State Zip Code
Saint Clair PA 17970

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Tim Holden

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 17

Transaction ID: 32316023

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

3454.40

C.

Full Name (Last, First, Middle Initial)

Mckinley For Congress

Mailing Address 32 20th Street

City State Zip Code
Wheeling WV 26003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. David McKinley

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 01

Transaction ID: 32316024

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5454.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Crawford For Congress

Mailing Address PO Box 16956

City
Jonesboro

State
AR

Zip Code
72403

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Eric Crawford

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: 32316025

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Duffy For Congress

Mailing Address PO Box 186

City
Ashland

State
WI

Zip Code
54806

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Sean Duffy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: 32316026

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Benishek For Congress

Mailing Address 802 Pentoga Trail

City
Crystal Falls

State
MI

Zip Code
49920

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Daniel Benishek

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: 32316027

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Bucshon For Congress	Transaction ID: 32316028 Date of Disbursement																				
Mailing Address PO Box 250	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	1	0												
City Newburgh State IN Zip Code 47629	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Larry Bucshon	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Chris Coons For Delaware	Transaction ID: 32316029 Date of Disbursement																				
Mailing Address PO Box 9900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	1	0												
City Newark State DE Zip Code 19714	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Mr. Christopher Coons	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) John Carney For Congress	Transaction ID: 32316030 Date of Disbursement																				
Mailing Address PO Box 2162	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	1	0												
City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. John Carney	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Iott For Congress 2010

Mailing Address 5245 Keener

City
MonclovaState
OHZip Code
43542

Purpose of Disbursement

011

Category/
TypeCandidate Name
Mr. Richard IottOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 09

Transaction ID: 32316031

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Sam Johnson

Mailing Address P.O. Box 860096

City
PlanoState
TXZip Code
75086

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Samuel Robert JohnsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: 32347575

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends Of John Barrow

Mailing Address PO Box 8166

City
SavannahState
GAZip Code
31412

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. John BarrowOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 32347578

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matheson For Congress

Mailing Address P.O. Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. James Matheson

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: 32347579

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Steve Fincher For Congress

Mailing Address PO Box 11153

City State Zip Code
Jackson TN 38308

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Steve Fincher

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: 32347580

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Pat Meehan For Congress

Mailing Address 50 S. Providence Road
PO Box 308

City State Zip Code
Media PA 19063

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Patrick Meehan

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: 32347582

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Minnick For Congress

Mailing Address 8150 West Emerald, Ste. 170

City State Zip Code
Boise ID 83704

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Walter Clifford Minnick

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: ID District: 01

Transaction ID: 32347583

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Matheson For Congress

Mailing Address P.O. Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. James Matheson

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: UT District: 02

Transaction ID: 32347586

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Raese For Senate Committee

Mailing Address PO Box 262

City State Zip Code
Morgantown WV 26507

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. John Raese

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WV District:

Transaction ID: 32347588

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Lewis For Congress Committee

Mailing Address PO Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jerry Lewis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 41

Transaction ID: 32347592

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011
Category/
Type

Candidate Name
Lynn Jenkins

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: 32347594

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Tim Scott For Congress

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Timothy Scott

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 01

Transaction ID: 32347598

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Frank Guinta

Mailing Address P.O. Box 877

City
ManchesterState
NHZip Code
03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Frank Guinta

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: NH

District: 01

Transaction ID: 32347600

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ken Calvert For Congress Committee

Mailing Address PO Box 20123

City
RiversideState
CAZip Code
92516

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ken Calvert

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: CA

District: 44

Transaction ID: 32347601

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Nunnelee For Congress

Mailing Address 438 East Main St
PO Box 7092City
TupeloState
MSZip Code
38802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Patrick Nunnelee

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: MS

District: 01

Transaction ID: 32347602

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert Hurt For Congress

Mailing Address PO Box 2

City
ChathamState
VAZip Code
24531

Purpose of Disbursement

Candidate Name
Mr. Robert HurtOffice Sought: ☒ House
☐ Senate
☐ President

State: VA District: 05

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
2010 Primary Debt011
Category/
Type

Transaction ID: 32347605

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Lincoln Davis For Congress

Mailing Address PO Box 350

City
JamestownState
TNZip Code
38556

Purpose of Disbursement

Candidate Name
Rep. Lincoln DavisOffice Sought: ☒ House
☐ Senate
☐ President

State: TN District: 04

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 32347608

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Frank Kratovil For Congress

Mailing Address 222 Main Sail Drive
PO Box 518City
StevensvilleState
MDZip Code
21666

Purpose of Disbursement

Candidate Name
Rep. Frank M. Kratovil, Jr.Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 32347609

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hastings For Congress

Mailing Address P.O. Box 100277

City
Ft. Lauderdale

State
FL

Zip Code
33310

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Alcee L. Hastings

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 23

Transaction ID: 32347615

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mike McMahon For Congress

Mailing Address 66 Arnold Street

City
Staten Island

State
NY

Zip Code
10301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael E. McMahon

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 32347616

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

BRIDGE PAC

Mailing Address 499 SOUTH CAPITOL ST, SW
 SUITE 422

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32347619

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cicilline Committee

Mailing Address 102 Waterman St, Suite 2

City
ProvidenceState
RIZip Code
02906

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. David Cicilline

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: RI

District: 01

Transaction ID: 32347621

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Suite 110

City
WashingtonState
DCZip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Kirsten Gillibrand

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: DC

District: 02

Transaction ID: 32347622

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Empire PAC

Mailing Address P.O. Box 15033

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: 32347624

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Congressional Trust 2010

Mailing Address 228 S. Washington St.
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32347626

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

McCotter Congressional Committee

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement

Candidate Name
Rep. Thaddeus G. McCotterOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 11

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 32347630

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

Candidate Name
Rep. Aaron Jon SchockOffice Sought: ☒ House
☐ Senate
☐ President

State: IL District: 18

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 32347632

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

18000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Becerra For Congress

Mailing Address P.O. Box 261060

City
Los AngelesState
CAZip Code
90026

Purpose of Disbursement

Candidate Name
Rep. Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 32347633

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Jack Kingston

Mailing Address 7360 Skidaway Road

City
SavannahState
GAZip Code
31406

Purpose of Disbursement

Candidate Name
Jack KingstonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 01

Transaction ID: 32347635

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Blumenthal For Senate

Mailing Address 777 Summer Street

City
StamfordState
CTZip Code
06901

Purpose of Disbursement

Candidate Name
Mr. Richard BlumenthalOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District:

Transaction ID: 32347636

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephanie Herseth Sandlin For South Dakota

Mailing Address PO Box 2009

City
Sioux FallsState
SDZip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Stephanie Herseth Sandlin

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: SD

District: 01

Transaction ID: 32347637

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Canseco For Congress

Mailing Address 10004 Wurzbach Road #366

City
San AntonioState
TXZip Code
78230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Francisco Canseco

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: TX

District: 23

Transaction ID: 32347638

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Toomey For Senate Committee

Mailing Address 2720 Jordan Road

City
OrefieldState
PAZip Code
18069

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Patrick Toomey

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: 32347644

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Christopher Scott Murphy

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: 32347647

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
The Senate Victory Fund

Mailing Address 228 South Washington Street
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name
The Senate Victory Fund

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32347649

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Palazzo For Congress

Mailing Address 13155 Highway 67 Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Steven Palazzo

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: MS District: 04

Transaction ID: 32347650

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dold For Congress

Mailing Address PO Box 8145

City
Northfield

State
IL

Zip Code
60093

Purpose of Disbursement

Candidate Name
Mr. Robert Dold

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 10

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 32354519

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

154873.60

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wired For Change</p> <p>Mailing Address 1700 Connecticut Avenue, NW Suite 403</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement <input type="text"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32240654 Date of Disbursement <div> <div>09</div> <div>03</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1200.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PayPal, Inc.</p> <p>Mailing Address 4100 Solutions Center, #774100</p> <p>City Chicago State IL Zip Code 60677-4001</p> <p>Purpose of Disbursement <input type="text"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32420080 Date of Disbursement <div> <div>09</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>540.71</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Authorize.Net</p> <p>Mailing Address 808 East Utah Valley Drive</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement <input type="text"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32420083 Date of Disbursement <div> <div>09</div> <div>02</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>45.80</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

1786.51

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741-6600

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32420094

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Amount of Each Disbursement this Period

32.50

SUBTOTAL of Disbursements This Page (optional)

32.50

TOTAL This Period (last page this line number only)

1819.01